



CAMP NORWESCA Medical Release Form

General Information

Medical information must be provided for your child to attend camp. It is essential for the camp to have your child's current health information, to be able to ensure the safety and well-being of campers during their time at camp.

- **Height:** _____ **feet** _____ **inches.**
- **Weight:** _____ **pounds.**
- **Blood Pressure:** _____ / _____.
- **Last Exam Date:** _____.

Allergy and Diet Restrictions

Does your child have any allergies?

- Yes
- No

Does your child require an EpiPen?

- Yes
- No

Does your child have any dietary restrictions?

- Yes
- No
- If Yes, please explain: _____.

Camp Norwesca will do our best to accommodate dietary preferences. If you have specific requirements or needs, please bring food for the camper, and contact the camp office.



Medications and Treatments

Will your child be taking any medications while at camp?

- Yes
- No
- If yes, please explain: _____.

Please Include, medication(s), dose, time of day(s) taken: breakfast, lunch, snack, dinner, before bed, as needed. Please explain the reason for the medication and any notes on giving this medication to your child. If multiple medications need given: Please explain:

Medication #2:

Medication #3:

Medication #4:

Medication #5:

Will your child require any treatment while at camp?

- Yes
- No
- If yes, please explain: _____.

Please explain what treatment(s) must be given to your child, including the frequency.

Does your child regularly take any medications that will not be taken at camp?

- Yes
- No



- If yes, please explain: _____
Explain what medications your child takes regularly and why they are taken.

May the following over-the-counter medications be given to your child while at camp?

- Acetaminophen (Tylenol) Yes No
- Allergy Relief Yes No
- Aloe Vera Yes No
- Antacids Yes No
- Antibiotic Cream Yes No
- Antihistamines (Benadryl, Diphenhydramine) Yes No
- ASA (Aspirin) Yes No
- Blistex/Chapstick Yes No
- Calamine Lotion Yes No
- Children's Motrin Yes No
- Claritin Yes No
- Cortaid Yes No
- Cough Drops Yes No
- Dimetapp Yes No
- Earache Drops Yes No
- Eye Drops Yes No
- Flonase Yes No
- Ibuprofen (Advil) Yes No



- Insect Repellent Yes No
- Melatonin Yes No
- Pepto-Bismol Yes No
- Robitussin Yes No
- Robitussin DM Yes No
- Sting Swabs Yes No
- Stomach Relief Yes No
- Stool Softener Yes No
- Sudafed Yes No
- Sunburn Spray (Solar Caine) Yes No
- Sunscreen Yes No
- Suphedrine PE (Congestion) Yes No
- Zyrtec Yes No

Is there anything the camp needs to be aware of when giving any of the approved over-the-counter medications to your child?

- Yes
- No
- If Yes, please explain: _____

If any over-the-counter medications are sent to camp with your child, they must be in the original package.



Immunizations

Please list the date of your child's most recent vaccination or booster, if any, for the following:

- TB
 Not immunized Immunized on

- Chicken Pox (Varicella)
 Not immunized Immunized on

- Diphtheria, Pertussis, Tetanus, Polio
 Not immunized Immunized on

- Haemophilus Influenza B
 Not immunized Immunized on

- Hep A
 Not immunized Immunized on

- Hep B
 Not immunized Immunized on



- HPV
 Not immunized Immunized on

- IPV/OPV
 Not immunized Immunized on

- MMR
 Not immunized Immunized on

- PCV (Pneumococcal)
 Not immunized Immunized on

- Meningococcal Meningitis (MCV4)
 Not immunized Immunized on

If your child has not been fully immunized, please explain:

Has your child had a TB Mantoux Test?

- Yes
- No



Health History

Has your child experienced, or is currently experiencing, any of the following conditions?

- ADD/ADHD Yes No
- AIDS/ARC Yes No
- Asthma/Inhaler Yes No
- Athlete's Foot Yes No
- Autism/Aspergers Yes No
- Back Pain or Injury Yes No
- Bedwetting Yes No
- Behavioral Issues Yes No
- Blackouts/Fainting Yes No
- Bleeding disorder Yes No
- Cancer Yes No
- Chest pain Yes No
- Colitis Yes No
- Concussion Yes No
- Constipation/Diarrhea Yes No
- Convulsions Yes No
- Crohn's Yes No
- Dental Braces, Caps, or Bridges Yes No
- Depression Yes No



- Developmental Delays Yes No
- Diabetes Yes No
- Down Syndrome Yes No
- Ear Infections Yes No
- Eating Disorder Yes No
- Epilepsy Yes No
- Excessive weight gain/loss Yes No
- Fetal Alcohol Spectrum Disorder Yes No
- Frequent Colds Yes No
- Hay Fever Yes No
- Headaches Yes No
- Hearing Problems Yes No
- Heart Disease Yes No
- Hernia Yes No
- High Blood Pressure Yes No
- Homesickness Yes No
- Irritable Bowel Syndrome Yes No
- Kidney Disease Yes No
- Lice Yes No
- Menstrual Difficulties Yes No
- Mental Health Issues Yes No



- Motion Sickness Yes No
- Mouth Injuries Yes No
- Neck Pain or Injury Yes No
- Nightmares/Terrors Yes No
- Pneumonia Yes No
- Problems Breathing or Coughing Yes No
- Respiratory Ailments Yes No
- Rheumatic Fever Yes No
- Seizures Yes No
- Sinus Infections Yes No
- Skin Problems Yes No
- Sleepwalking Yes No
- Sore Throats Yes No
- Speech Problems Yes No
- Stomach Aches Yes No
- Tonsillitis Yes No
- Ulcer Yes No
- Urinary Tract Infection Yes No
- Uses eye glasses or contacts Yes No
- Visual Problems Yes No



If you answered YES to any of the questions, please be sure to fully explain any conditions your child is currently experiencing:

Has your child had or currently has any of the following diseases?

- Chicken Pox (Varicella) Yes No
- Covid (Past three weeks) Yes No
- Hepatitis A Yes No
- Hepatitis B Yes No
- Hepatitis C Yes No
- Measles (German) Yes No
- Measles (Red) Yes No
- Mono (past 1 year) Yes No
- Mumps Yes No
- Rheumatic Fever Yes No
- Scarlet Fever Yes No
- Whooping Cough Yes No

Please be sure to fully explain any disease(s) your child currently has:



- Does your child have any restrictions on activity?
 Yes No
- Will your child require any special assistance while at camp?
 Yes No

Please list any other medical information the camp should have about your child:

- Is there anything you would like to discuss with the camp medical staff?
 Yes No

If you answered YES to this question, please be sure to fully explain anything that our camp staff needs to know:

Health Insurance & Doctor Information

Family Doctor: _____.

Phone Number: _____.

Family Dentist: _____.

Phone Number: _____.



Do you have medical insurance?

- Yes
- No

Health Insurance Policy Holder Information:

Full Name of Policy Holder: _____.

Policy Holder Phone Number: _____.

Employer Name (if insured through company): _____.

Health Insurance Company Information: _____.

Insurance Company / Plan Name: _____.

Insurance Company Phone Number: _____.

Health Insurance Policy Number: _____.

Insurance Group Name or Number: _____.

Medical Waiver

I hereby give my permission to the medical personnel selected by the Camp Director to provide routine healthcare; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide for or arrange necessary related transportation for my child/or myself. I also give my permission to release information on this form for the purpose of assisting with medical treatment. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the selected physician to release information about my camper to the camp representative and to discharge my camper into the custody of the camp representative when treatment is complete.



This completed form may be photocopied for trips off-site of the camp. I also understand the camp staff will contact me or my emergency contact persons as soon as they are able in the event of any such emergency that concerns my child or myself.

- **Your Full Name:** _____.
 - **Date:** _____.
 - Checking this, confirms that you have read the medical waiver, that you understand it, and that you agree to be bound by it.
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